

CERTIFICATE OF MAILING

I hereby declare that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

Name (Print/Type)	Donna Macedo	Signature	D. Macedo	Date	07-20-2001
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**Combined
Transmittal and Fee Calculation Sheet**

Small Entity Large Entity

Application Number	09/582,964
Confirmation Number	n/a
Filing Date	July 6, 2000
First Named Inventor	Hoffman et al.
Examiner	R. Travers
Group Art	1617
Attorney Docket No.	THUR001

ENCLOSED:	Claims	No. of claims as filed or after amendment	Most claims previously paid for	# Extra Claims	Rate	Totals
<input checked="" type="checkbox"/> Amendment Under Rule 37 CFR § 1.111	Total	17	27	0	\$ -	
	Independent	4	4	0	\$ -	
	Multiple					
	Total Extra Claim Fees				\$ -	

Extension of time from _____ to _____ Fee _____

Response to File Missing Parts (with copy of formalities letter)

<input type="checkbox"/> Filing Fee	Fee
<input type="checkbox"/> Executed Declaration	Pages _____ Surcharge Fee _____
<input type="checkbox"/> Other	Fee _____
	Subtotal \$ -

Information Disclosure Statement

<input type="checkbox"/> PTO Form 1449	Pages _____
<input type="checkbox"/> Copies of Cited References	
<input type="checkbox"/> Other	Fee _____
	Fee _____
	Subtotal \$ -

Response to Notice to Comply (with copy of Notice to Comply)

<input type="checkbox"/> Sequence Listing Certification	
<input type="checkbox"/> Paper Copy of Sequence Listing	Pages _____
<input type="checkbox"/> Diskette in computer-readable format	
<input type="checkbox"/> Other	Fee _____

RECEIVED
Fee _____

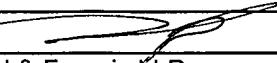
JUL 26 2001

TECH CENTER 1600/2900

JUL 23 2001
PREFILED
U.S. PATENT & TRADEMARK OFFICE
RECEIVED

RECEIVED

JUL 26 2001 Fee

<input type="checkbox"/> Terminal Disclaimer			
Appeal to Board of Appeals and Appeal Communication to Group			
<input type="checkbox"/> Notice of Appeal	Pages	Fee	
<input type="checkbox"/> Appeal Brief in Triplicate	Pages	Fee	
<input type="checkbox"/> Reply Brief	Pages	Fee \$ -	
			Subtotal \$ -
<input type="checkbox"/> Other Enclosures and/or Fees _____ Fee _____			
<input type="checkbox"/> Change of Correspondence Address _____			
<input checked="" type="checkbox"/> Return Receipt Postcard			
			TOTAL FEES \$ -
<p>The Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815. If additional fees are required, including extensions of time, please consider this a petition therefore. <i>[Signature]</i> <i>[Redacted]</i></p>			
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED			
Name (Print/Type)	Bret E. Field		Registration No.
Signature			Date 07-20-2001
Firm Name	Bozicevic, Field & Francis LLP	Address	200 Middlefield Road, Suite 200
City	Menlo Park	State	California zip 94025
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